

Discriminating positively: preferential acceptance of minorities may be good for society

Affirmative action is a reality in US medical schools. A recent report by the Center for Equal Opportunity, a private nonprofit think tank based in Washington, DC, found that black and Hispanic students are being admitted to American medical schools with substantially lower college grades and test scores than white or Asian students.¹ It is not surprising that medical schools deny this. The US Supreme Court has ruled that quotas based on race or ethnicity are illegal. There is no doubt that affirmative action constitutes reverse discrimination in the admissions process. But in recruiting minority students, medical schools are showing a commitment to justice and to serving the community.²

Many minority groups distrust the medical profession,³ and providing minority physicians can increase their trust. A recent study showed that quality of care was improved significantly when black and Hispanic physicians cared for black and Hispanic patients.⁴ Patients were more likely to access preventive health care and to feel satisfied with the care they received. Other studies have shown that minority physicians are more likely to care for the underserved and for sicker patients than their white counterparts.⁵ Therefore, the provision of minority physicians also promotes equality of access to health care providers.

Of course, the admissions process must ensure that the physicians who qualify can provide the highest quality of care for the country. The Center for Equal Opportunity's study showed that about a quarter of black students admitted to 6 American medical schools failed the first 2 steps of the medical licensing examination at first attempt. This compared with only a few failing in other ethnic groups. But other studies put these data into perspective. Although the dropout rate is slightly higher, most minority students get through the course without difficulty.^{2,6} And most importantly, no differences have been found in the time taken to complete residency training after graduation, the evaluations of performance, or the number choosing primary care disciplines. So giving special consideration to minority students with lower examination scores does not appear to affect the quality of new physicians.

Diversifying the medical workforce has other advantages. It can help to ensure a comprehensive research agenda targeted to the problems of all areas of the population. Drawing from the diverse pool of talent in the United States may also lead to better management of the country's health care system.⁷

The use of race or ethnicity as a criterion for medical school admission is controversial. But it is wrong to assume that all minority students are academically inferior. What admissions policies are really battling to eliminate is the effect of poverty. Minority students are disadvantaged in college admission systems by poorer grades, by coming from poorer schools, and from having had fewer opportunities to succeed. Progress in this battle will require both short- and long-term solutions. Long term, medical schools must stimulate and sustain minority groups' interest in medicine as a profession.⁸ Mentorship programs can try to reach students early, provide role models, and show that the health care profession functions across cultural and racial barriers. Prospective students also need to feel that the field of medicine is not beyond their reach.

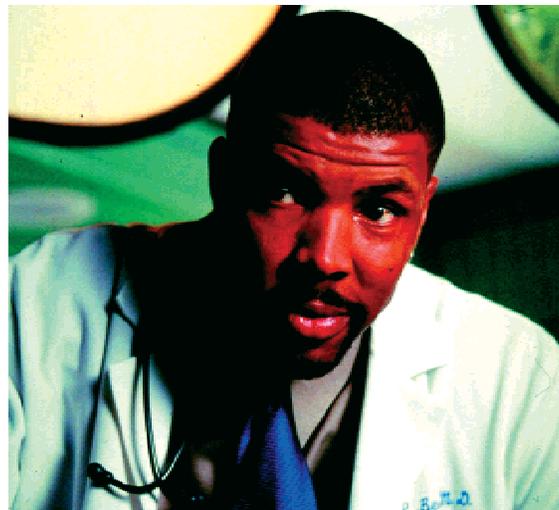
In the short term, however, more immediate solutions are needed. To date, no one has been able to elicit the factors that determine a good physician. There is little evidence that academic selection criteria correlate with professional acumen after graduation. Therefore, for institutions to consider the needs of the community seems reasonable. The legal issues surrounding this subject are becoming increasingly complex. However, society functions better with physicians who represent all sectors, and affirmative action is the only short-term solution to serving society's needs.

Jason O'Neale Roach
Final-year medical student
Guy's, King's and St
Thomas's Hospitals
Medical School
UK

jasononeale@yahoo.com

Competing interests:
None declared

West J Med
2001;175:273-274



Channel 4

Affirmative action helped *ER*'s Cook County General to better serve patients

.....
References

- 1 Charatan F. Minorities get preferential admission to US medical schools [news]. *BMJ* 2001;322:1563.
- 2 Collins JP, White GR, Mantell CD. Selection of medical students: an affirmative action programme. *Med Educ* 1997;31:77-80.
- 3 Deville K. Trust, patient well-being and affirmative action in medical school admissions. *Mt Sinai J Med* 1999;66:247-256.
- 4 Saha S, Komaromy M, Koepsell TD, Bindman AB. Patient-physician racial concordance and the perceived quality and use of health care. *Arch Intern Med* 1999;159:997-1004.
- 5 Stryer DB. Affirmative action and special consideration admissions to medical school [letter]. *JAMA* 1998;279:508.
- 6 Davidson RC, Lewis EL. Affirmative action and other special consideration admissions at the University of California, Davis, School of Medicine. *JAMA* 1997;278:1153-1158.
- 7 Cohen JJ. Finishing the bridge to diversity. *Acad Med* 1997;72:103-109.
- 8 Thomson WA, Denk JP. Promoting diversity in the medical school pipeline: a national overview. *Acad Med* 1999;74:312-314.